

Case Number:	CM15-0194204		
Date Assigned:	10/08/2015	Date of Injury:	01/07/2015
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male, who sustained an industrial injury on 1-07-2015. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, myofascial pain, cervical radiculopathy, and lumbar radiculopathy. Treatment to date has included chiropractic, transcutaneous electrical nerve stimulation unit, cervical traction, bracing, and medications. Currently (9-18-2015), the injured worker complains of neck pain with radiation to the upper extremities, left greater than right, with some tingling sensation, and lower-upper back pain with numbness and tingling. Pain was rated 4 out of 10 (unchanged from 9-11-2015 and 9- 04-2015). He was currently working full time, modified. Helpful treatments-medications were noted as cervical traction, Lidopro, Gabapentin, transcutaneous electrical nerve stimulation, heating pad, Lunesta, and a low back brace. Exam noted tenderness to palpation of the cervical paraspinal muscles, trapezii, and lumbar paraspinal muscles. Trigger points with twitch response were noted in the trapezii, cervical paraspinal muscles and rhomboid, along the scapular border. "Normal" strength was documented, along with "decreased" sensation in the right lower extremity. Paraffin bath trial "relaxed his muscle and mild sx relief." Per the Request for Authorization dated 9-18-2015, the treatment plan included Paraffin Bath trial.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Paraffin Bath trial: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Low Back - Lumbar & Thoracic (acute & chronic) (updated 07/17/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand, paraffin baths.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that paraffin baths may be used as a treatment option for arthritic hand pain if used in conjunction with other evidence-based therapies. The patient has the diagnosis of neck and back pain and not arthritic hand pain. Therefore, the request is not medically necessary.